



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200006

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MELIKIAN, INC.

DOING BUSINESS AS HORIZONS RESTAURANT

ADDRESS 2200 BOSTON RD.

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: MELIKIAN,
JEFFREY M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE MAIN DINING ROOM WITH LOUNGE AREA, THREE CELLARS, TWO FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200008

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIZZA PUB AND RESTAURANT CORPORATION

DOING BUSINESS AS GREGORY'S RESTAURANT AND PIZZA PUB

ADDRESS 2391 BOSTON RD.

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: BARNAGIAN,
GREGORY M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH MAIN DINING ROOM; PUB; KITCHEN; REAR EXIT FROM KITCHEN;
FRONT ENTRANCE ON BOSTON RD., (HANDICAP ACCESSIBLE); CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200010

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TDWF, INC.

DOING BUSINESS AS HOULIGAN'S TAVERN

ADDRESS 2523 BOSTON RD.

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: FANEUFF,
WILLIAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BRICK BLDG. WITH BAR, BATHROOM, KITCHEN AND BASEMENT WITH
WALK-IN COOLER AND STORAGE, TWO ENTRANCES AND EXITS AT SIDE AND BACK; 24' X
24' OUTDOOR SERVICE PATIO.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200013

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PADDYWAGON

DOING BUSINESS AS

ADDRESS 2823 BOSTON RD.

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: SANTANIELLO,
LISA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, APPROX. 2000 SQ FT, RESTAURANT, BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200019

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COUNTRY CLUB OF WILBRAHAM, INC

DOING BUSINESS AS COUNTRY CLUB OF WILBRAHAM

ADDRESS 859 STONY HILL RD.

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: SCULLY, MARY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING CONNETED TO HISTORIC STRUCTURE, KITCHEN, BAR, LOUNGE,
AND DINING ROOM, ENTRENCE ON STONY HILL ROAD. EXIT AT REAR. OUTDOOR PATIOS
AT FRONT AND BACK FOR SEASONAL USE. MOBILE OR REMOTE SERVICE TO PATRONS
USING 18-HOLE GOLF COURSE

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200024

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FETTES FAMILY INC.

DOING BUSINESS A WILBRAHAM WINE & SPIRITS

ADDRESS 2771 BOSTON RD

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: FETTES, MEGAN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CELLAR UNDER HALF THE BLDG. FOR STORAGE, ONE FLOOR, ONE ROOM.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200035

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRANKIE B'S INC,

DOING BUSINESS AS FRANKIE B'S BILLIARDS & SPORTS BAR

ADDRESS 2957 BOSTON RD.

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: BONGIORNI, LAUR TYPE OF LICENSE: General on
IE premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON THE FIRST FLOOR AND ONE ROOM ON THE SECOND FLOOR OF A TWO
STORY BLDG. STORAGE ROOM ON THE FIRST FLOOR AND IN THE CELLAR

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200042

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEKOWSKI FAMILY INC.

DOING BUSINESS AS ONE STOP DISCOUNT LIQUORS

ADDRESS 2701 BOSTON ROAD

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: SEKOWSKI,
IRENEUSZ

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL STORE AT 2701 BOSTON ROAD, APPROX. 2200 SQ. FT. ON GROUND FLOOR; FRONT AND REAR EXIT/ENTRANCES.

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200045

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANDARIN WILBRAHAM ENTERPRISE INC.

DOING BUSINESS AS MANDARIN WILBRAHAM RESTAURANT

ADDRESS 2571 BOSTON ROAD

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: COSENZA, MARY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY STRUCTURE W/ KITCHEN, BAR, HANDICAP REST ROOMS, ENTRANCE ON BOSTON ROAD, EXIT FROM KITCHEN AND EMERGENCY EXIT FROM DINING AREA, SEATING FOR 85 PATRONS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200050

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHEF LOU'S GOURMET FOOD LLC

DOING BUSINESS AS ABUNDANZA

ADDRESS 2341 Boston Rd

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: MARAVILHA,
JUNE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

one story bldg with full basement; rest on first floor in one room with partition for bar; kitchen area; front and rear entrance; one room lounge in basement; entrance through rest; one rear ent/exit

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200051

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MICHAEL'S PASTA-IN-THE-PAN, INC.

DOING BUSINESS AS MICHAEL'S PASTA-IN-THE-PAN II

ADDRESS 2133 BOSTON RD.

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: KELLY,
CATHERINE Q.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING WITH KITCHEN AND DINING AREA; CELLAR FOR STORAGE; MAIN
ENTRANCE ON WEST SIDE; REAR EXIT ON EAST SIDE; AVAILABLE SPACE 1980 SQ FT.
SERVICE ON OUTDOOR PATIO IN SEASON

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200052

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROUND ROBIN OF WILBRAHAM LLC

DOING BUSINESS A RED ROBIN GOURMET BURGERS

ADDRESS 2031 BOSTON RD

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: SPAULDING,
RICHARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5800 SQ FT CASUAL DINING REST WITH ENCLOSED PATIO FOR SEASONAL SERVICE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200053

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BELAS INC.

DOING BUSINESS AS ABRUZZO

ADDRESS 2589 BOSTON ROAD

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: BEREZKIN,
ALEXANDER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR DINING ROOM WITH BAR AND ENCLOSED PORCH; ENTRANCES AND EXIT ON BOSTON ROAD; CELLAR FOR STORAGE ONLY; OUTDOOR DINING AND SERVICE ON PATIO AT BACK; DINING ON LOWER LEVEL ADJACENT TO OUTDOOR AREA

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200054

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ONM,INC.

DOING BUSINESS AS OLIVIA'S

ADDRESS 2481 BOSTON ROAD

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: MARQUEZ,
JENNIFER A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING WITH CELLAR; MAIN ENTRANCE IN FRONT NORTHSIDE
EMERGENCY EXITS ON EACH SIDE AND REAR OF BUILDING. RESTROOMS ON INNER
EAST SIDE DINING ROOMS ON FRONT AND BOTH SIDES KITCHEN IN CENTER REAR
PARKING AT FRONT, EAST AND REAR.

I hereby certify and swear under penalties of perjury that:

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CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STAWCO,LLC

DOING BUSINESS AS KRAZY JAKE'S

ADDRESS 2537 BOSTON ROAD

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: STAWAS,SCOTT M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2400 SQ. FT. FIRST FLOOR WITH KITCHEN AREA AND DINING ROOM WITH 50 SEATS; FRONT PUBLIC ENTRANCE AND REAR SERVICE DOOR APPROX. 1000 SQ. FT. BASEMENT STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200056

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: F.L. ROBERTS & CO. INC.

DOING BUSINESS AS WILBRAHAM MOBILE

ADDRESS 2788 BOSTON ROAD

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: PEASE, MICHAEL TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

64 FT BY 35.3 FT, TOTALLING 2260 SQ FT...ENTRANCES AT FRONT AND SIDE ON BOSTON ROAD

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200057

CITY OR TOWN WILBRAHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BELLASOPHIA LLC

DOING BUSINESS AS DANA'S GRILLROOM

ADDRESS 2343 BOSTON ROAD

CITY/TOWN: WILBRAHAM

STATE: MA

ZIP CODE: 01095

MANAGER: CALVANESE,
KIMBERLY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A 2,400 SQ.FT. BUILDING; 1 1/2 STORY BUILDING; DINING ROOM AND KITCHEN FIRST FLOOR; CELLAR FOR STORAGE; ENTRANCE AND EXIT ON BOSTON ROAD; EXITS ON EAST AND REAR OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)